

## MSFC CONTRACT REVIEW/RESPONSE RECORD

Control Number:

Date:

**Instructions: Fill in action taken. File original in official file. Send one copy to reviewer within 7 days.**

TO:

FROM:

SUBJECT:

### Comments/Action Taken

### Signatures

\_\_\_\_\_  
PS12 Reviewer

\_\_\_\_\_  
Contract Specialist

\_\_\_\_\_  
Team Lead

\_\_\_\_\_  
Department Manager